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Fill in this information to identify your case:		FILED
United States Bankruptcy Court for the:		UNITED STATES BANKRUPTCY COURT
Northern District of Illinois		NORTHERN DISTRICT OF ILLINOIS
Case number (If known):	Chapter you are filing under:	APR 10 2017
	M Chapter 7 Chapter 11 Chapter 12	EFFREY P. ALLSTEADT, CLERK Check if this is an
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		(-1,,,,,,,
	Write the name that is on your	Debra	
	government-issued picture identification (for example,	First name	First name
	your driver's license or	Lee	
	passport).	Middle name	Middle name
	Bring your picture	Cary	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
era er	All other names you have used in the last 8	First name	First name
	years		rastrance
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX — XX — 3 <u>0 8 1</u> OR 9 XX — XX —	XXX — XX —

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∂ebte	Debra L.	Cary Name Last Name		Case number (#known)	
er de la companya de	inggap di Pala i Malan Mangalan ang mangapang ang ang mangapang ang ang ang ang ang ang ang ang ang	About Debtor 1:		About Debtor 2 (Spouse	and the state of t
a le	Any business names and Employer dentification Numbers	I have not used any busin	ess names or EINs.	I have not used any bu	
	EIN) you have used in he last 8 years	Business name	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Business name	
	nclude trade names and doing business as names	Business name	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Business name	
		EIN			
		EIN		EIN	
5. V	Vhere you live			If Debtor 2 lives at a diffe	erent address:
		617 Sangamon St Number Street		Number Street	
		Chicago Heights	IL 60411 State ZIP Code	City	State ZIP Code
		Cook County		County	
		If your mailing address is di above, fill it in here. Note tha any notices to you at this maili	at the court will send	If Debtor 2's mailing addr yours, fill it in here. Note any notices to this mailing	that the court will send
		Number Street		Number Street	
		P.O. Box		P.O. Box	A THE STATE OF THE
5 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e Pour germanyana harma waka kalabaha 150 wa 1882 ka 1882 ka wa mala paka wa yanga ka	City	State ZIP Code	City	State ZIP Code
th	Thy you are choosing is district to file for ankruptcy	Check one: Over the last 180 days before I have lived in this district to other district.	ore filing this petition, onger than in any	Check one: Over the last 180 days I I have lived in this district	before filing this petition, ct longer than in any
		I have another reason. Exp (See 28 U.S.C. § 1408.)	lain.	I have another reason. I (See 28 U.S.C. § 1408.)	
		h-Market and a second a second and a second			

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ebtor 1 <u>DeDra</u> First Name	Midde Name	<u>Cary</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Case number (in	known)
277624 Tell the Co	urt About Your I	Bankruptcy Cas	se		

The chapter of the Bankruptcy Code	you for Ban	one. (For a brief de kruptey (Form 201	escription of each, see <i>Noti</i> 0)). Also, go to the top of pa	ce Required by 1: age 1 and check t	1 U.S.C. § 342(b) for Individuals Filing he appropriate box.
are choosing to fil under	e ☑ Cha	apter 7			
	Q Cha	apter 11			
	Cha	apter 12			
	Q Cha	apter 13			
How you will pay t	loca you sub with I ne App I rec By I less pay	al court for more irself, you may pay in itting your pays a pre-printed acted to pay the feolication for Individuest that my feat, a judge may than 150% of the fee in installi	details about how you may with cash, cashier's coment on your behalf, you ddress. ee in installments. If you iduals to Pay The Filing ee be walved (You may but is not required to, whe official poverty line that	nay pay. Typical theck, or money ur attorney may us choose this op Fee in Installme request this optwaive your fee, at applies to you is option, you m	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check potion, sign and attach the ents (Official Form 103A). It ion only if you are filing for Chapter 7 and may do so only if your income is a family size and you are unable to the sust fill out the Application to Have the with your petition.
Have you filed for	. Vo		***************************************		
bankruptcy within last 8 years?	the \square Yes.	District	When		Case number
					Case number
			When		
		District	When	MM / DD / YYYY	Case number
Are any bankrupto					
cases pending or b filed by a spouse w	nois Yes.	Debtor			Relationship to you
not filing this case you, or by a busine partner, or by an affiliate?		District	When	MM / DO / YYYY	Case number, if known
aimate:		Debtor			Relationship to you
			When		Case number, if known
		***************************************		MM / DD / YYYY	
Do you rent your residence?	☑ No. ☑ Yes.	Go to line 12. Has your landlord residence?	l obtained an eviction judgn	nent against you a	and do you want to stay in your
		No. Go to line			
		Yes, Fill out II this bankrupto		viction Judgment .	Against You (Form 101A) and file it with

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ebtor 1 Debra L. First Name Middle Name	me	Cary Last Name		Casi	e number (#1600%	vn)	
ant St. Report About Any l	Busines	ses You Own as a S	ole Propri	ietor			
Are you a sole proprietor	🛭 No.	Go to Part 4.					
of any full- or part-time business?	Q Yes	. Name and location of b	usiness				
A sole proprietorship is a business you operate as an individual, and is not a		Name of business, if any					
separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a		Number Street		N			
separate sheet and attach it to this petition.		City			State	ZIP Code	
		Check the appropriate i	box to desc	ribe vour busines	·s:		
		☐ Health Care Busine					
		☐ Single Asset Real E))	
		Stockbroker (as def			- '	,,	
		Commodity Broker					
		■ None of the above		v	· //		
Are you a small business debtor? For a definition of small business debtor, see 1 U.S.C. § 101(51D).	Ø No. □ No.	I am not filing under Chatte the Bankruptcy Code.	apter 11. er 11, but I a	am NOT a small b	usiness debt	or according to the defi	
(14) Report if You Own o		I am filing under Chapte Bankruptcy Code. Any Hazardous Prop					
o you own or have any	Z No						
property that poses or is alleged to pose a threat of imminent and dentifiable hazard to bublic health or safety? Or do you own any	Yes.	What is the hazard?					
property that needs mmediate attention?		If immediate attention i	s needed, v	vhy is it needed?			
or example, do you own erishable goods, or livestock hat must be fed, or a building hat needs urgent repairs?			~				
		Where is the property?	Number	Street	1A100.00		
			,murpan, and a second				
			City			State ZIP Co	de

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Debtor 1

Debra	L.
irst Name	Middle Na

L.

Cary

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after t reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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D€	ebtor 1 De	ebra	Middle Name	Cary	Case number (#k	nces;
Đ	art 6: Answ	er The	se Ques	tions for Reporting Purpo	ses	
16	. What kind o	f debts	do	16a. Are your debts prima	arily consumer debts? Consumer de ual primarily for a personal, family, or ho	bts are defined in 11 U.S.C. § 101(8)
you have?				No. Go to line 16b. Yes. Go to line 17.	adi pimany ioi a personal, lanny, or not	ээспой ригрозе.
				16b. Are your debts prima money for a business or i	arily business debts? Business debts nvestment or through the operation of the	s are debts that you incurred to obtain a business or investment.
				No. Go to line 16c. Yes. Go to line 17.		
				16c. State the type of debts yo	ou owe that are not consumer debts or bu	rsiness debts.
17.	Are you filin Chapter 7?	g unde	tite matter til e summer grunnenger til me	No. I am not filing under C	Chapter 7. Go to line 18.	historii sirii tara waa waa in iliha ka ilinga ay ah kalib ir indoneenideelisedee dhiliboo ah waa waa kaliboo oo ka ilin ay ah ili ada ah
	Do you estir any exempt excluded an administrati are paid that available for to unsecure	properi d ve expe t funds distrib	y is nses will be ution	✓ Yes. I am filing under Chap administrative expens ✓ No ☐ Yes	oter 7. Do you estimate that after any exe les are paid that funds will be available to	mpt property is excluded and additional addi
18.	How many c you estimate owe?			☑ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much d estimate you be worth?		s to	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	How much d estimate you to be?	ır İiabili	ties	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
	rio 78 Sign B ryou	elow		I have examined this petition, a	nd I declare under penalty of perjury that	the information provided is true and
•	, , ,			correct. If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.	napter 7, I am aware that I may proceed, I understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 cch chapter, and I choose to proceed
			,	If no attorney represents me an this document, I have obtained	d I did not pay or agree to pay someone and read the notice required by 11 U.S.C	who is not an attorney to help me fill out C. § 342(b).
				l request relief in accordance w	ith the chapter of title 11, United States C	Code, specified in this petition.
			1	l understand making a false sta with a bankruptcy case can resi 18 U.S.C. §§ 152, 1341, 1519, a	ult in fines up to \$250,000, or imprisonme	money or property by fraud in connection ent for up to 20 years, or both.
				* Delva &	Cary x	
				Signature of Debtor 1	Signature	e of Debtor 2
				Executed on 41101	YYYY Executed	on MM / DD / YYYY

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or your attorney, if you are presented by one	I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of the available under each chapter for which the pethe notice required by 11 U.S.C. § 342(b) and	tle 11, United States Code, ar rson is eligible. I also certify ti	nd have explained the relief hat I have delivered to the debtor(
you are not represented r an attorney, you do not red to file this page.	knowledge after an inquiry that the information		
reu to me mis page.	*	Date	
	Signature of Attorney for Debtor	The second control of	MM / DD /YYYY
	Printed name		
	Firm name		
	Number Street		
	City	State	ZIP Code
	Contact phone	Email address	- Virginia de la forta de la f

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Debtor 1	Debra First Name	Middle Name	Cary Last Name	Case number (#known)
ne poziela za proposobne o	ereng ganggangan gan tibus aran	e e tra tiga tra escritor esperato y escações	de estadores de tronoción esta esta esta figilitar de escela de encica en escala en esta en escala en escala e	
oankrupt attorney	f you are filing to without a	n	should understand the themselves successfu	an individual, to represent yourself in bankruptcy court, but you at many people find it extremely difficult to represent ally. Because bankruptcy has long-term financial and legal re strongly urged to hire a qualified attorney.
n attorn	e represented ey, you do n ile this page.	ot	technical, and a mistake dismissed because you o hearing, or cooperate wit firm if your case is select	ust correctly file and handle your bankruptcy case. The rules are very or inaction may affect your rights. For example, your case may be did not file a required document, pay a fee on time, attend a meeting or the three court, case trustee, U.S. trustee, bankruptcy administrator, or audit led for audit. If that happens, you could lose your right to file another otections, including the benefit of the automatic stay.
			court. Even if you plan to in your schedules. If you property or properly claim also deny you a discharg case, such as destroying cases are randomly audit	perty and debts in the schedules that you are required to file with the pay a particular debt outside of your bankruptcy, you must list that debt do not list a debt, the debt may not be discharged. If you do not list in it as exempt, you may not be able to keep the property. The judge can be of all your debts if you do something dishonest in your bankruptcy or hiding property, falsifying records, or lying. Individual bankruptcy ted to determine if debtors have been accurate, truthful, and complete. erious crime; you could be fined and imprisoned.
			hired an attorney. The co successful, you must be f Bankruptcy Procedure, an	ut an attorney, the court expects you to follow the rules as if you had ourt will not treat you differently because you are filing for yourself. To be familiar with the United States Bankruptcy Code, the Federal Rules of not the local rules of the court in which your case is filed. You must also exemption laws that apply.
			Are you aware that filing toonsequences?	for bankruptcy is a serious action with long-term financial and legal
			☐ No ☑ Yes	
				uptcy fraud is a serious crime and that if your bankruptcy forms are you could be fined or imprisoned?
			☐ No Z Yes	
			☑ No ☐ Yes. Name of Person_	ay someone who is not an attorney to help you fill out your bankruptcy forms? Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
			have read and understood	riedge that I understand the risks involved in filing without an attorney. I d this notice, and I am aware that filing a bankruptcy case without an b lose my rights or property if I do not properly handle the case.
			Signature of Debtor 1	Signature of Debtor 2
			Date MM / DD / YY	
				90-2130 Contact phone -690-2130 Cell phone -0121 (a) YALSO.CON Email address
			Cell phone 407-	690-2120 Cell phone
			Email address QUC GYYC	2121 (a) JAJO: Cenail address

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	Fill in this in	formation to	identify your case:			
	Debtor 1	Debra	Lee	Cary		200
		First Name	Middle Nam	e	Last Name	
	Debtor 2					
	(Spouse, if filing)	First Name	Middle Nam	ė	Last Name	
	United States I	Bankruptcy Co	urt for the: Northern Di	strict of Illinois		
	Case number	(If known)				
***	***************************************	***************************************				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1 **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 28,007.00 1c. Copy line 63, Total of all property on Schedule A/B 28,007.00 Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 27,707.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F 91,442.00 119,149.00 Your total liabilities Part 38 **Summarize Your Income and Expenses** 4. Schedule I: Your Income (Official Form 106I) 2.000.00 Copy your combined monthly income from line 12 of Schedule I 5. Schedule J: Your Expenses (Official Form 106J) 1,896.00 Copy your monthly expenses from line 22c of Schedule J

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Case number (# known)_

Cary

Debtor 1

Debra

Lee

	I HOLLYOTTE MINUTE INCINE Lest Native
12	art 4: Answer These Questions for Administrative and Statistical Records
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes
7.	What kind of debt do you have?
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ 2,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$63,284.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$63,284.00

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Last Name
Cast Haine
Last Name

Official Form 106A/B

Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part in Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

Yes. Where is the property?		What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	the amount	of any secure	d claims or	emptions. Put n Schedule D: d by Property.
Street address, if available, or	r other description	Condominium or cooperative Manufactured or mobile home	Current va	alue of the		t value of the
		- 🔲 Land	•	0.00	•	0.00
		☐ Investment property	Ψ		Φ	
City	State ZIP Code	Timeshare Other	interest (s	the nature of such as fee ties, or a life	simple, t	enancy by
		Who has an interest in the property? Check one.			,,	
		Debtor 1 only				
County		Debtor 2 only				
•		Debtor 1 and Debtor 2 only	Check	if this is co	mmunity	property
		At least one of the debtors and another	(see instructions)			
		Other information you wish to add about this it property identification number:	tem, such as	local		
ou own or have more than one	e, list here:					
ou own or have more than one	e, list here:	What is the property? Check all that apply.	Do not dedu	ct secured di	ims or eve	emptions Put
ou own or have more than one	e, list here:	What is the property? Check all that apply. Single-family home	the amount of	ct secured cla of any secure	d claims on	Schedule D:
,		* * *	the amount of		d claims on	Schedule D:
		☐ Single-family home	the amount of Creditors Wil	of any secure ho Have Clair	d claims on ns Secured	Schedule D: i by Property.
		☐ Single-family home ☐ Duplex or multi-unit building	the amount of Creditors Wil	of any secure ho Have Clair nlue of the	d claims on ns Secured Current	Schedule D:
		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	the amount of Creditors Will Current va	of any secure ho Have Clair nlue of the	d claims on ns Secured Current	Schedule D: by Property. value of the
		 ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home 	the amount of Creditors W/ Current valentire prop	of any secure the Have Clair alue of the perty? 0.00	d claims on ns Secured Current portion	schedule D: d by Property. value of the you own? 0.00
Street address, if available, or	r other description	 ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land 	Current va entire prop	of any secure the Have Clair alue of the perty? 0.00 he nature of	d claims on his Secured Current portion \$ of your ov	schedule D: I by Property. Value of the you own? 0.00
		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property	Current va entire prop S	of any secure the Have Clair alue of the perty? 0.00 he nature of uch as fee:	claims on Secured Current portion f your oversimple, te	s Schedule D: if by Property. value of the you own? 0.00 vnership enancy by
2. Street address, if available, or	r other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current va entire prop S	of any secure the Have Clair alue of the perty? 0.00 he nature of	claims on Secured Current portion f your oversimple, te	s Schedule D: if by Property. value of the you own? 0.00 vnership enancy by
Street address, if available, or	r other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Current va entire prop S	of any secure the Have Clair alue of the perty? 0.00 he nature of uch as fee:	claims on Secured Current portion f your oversimple, te	s Schedule D: d by Property. value of the you own? 0.00 vnership enancy by
Street address, if available, or	r other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Current va entire prop S	of any secure the Have Clair alue of the perty? 0.00 he nature of uch as fee:	claims on Secured Current portion f your oversimple, te	s Schedule D: if by Property. value of the you own? 0.00 vnership enancy by
2. Street address, if available, or	r other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Current va entire prop \$	of any secure the Have Clair alue of the perty? 0.00 he nature of uch as fee:	Current portion \$ of your over extent,	s Schedule D: if by Property. value of the you own? 0.00 vnership enancy by if known.

Debtor 1		Lee	Document Page 12 of 62	13:35:14 Des	
1.3.	Street address, if availab	e, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	the amount of any sec Creditors Who Have C	f claims or exemptions. Put ured claims on Schedule D: claims Secured by Property.
			Condominium or cooperative	Current value of the entire property?	e Current value of the portion you own?
	-		☐ Manufactured or mobile home ☐ Land	\$ 0.00	· •
			☐ Investment property	-	*
	City	State ZIP Code	☐ Timeshare ☐ Other	interest (such as fo	e of your ownership ee simple, tenancy by life estate), if known.
			Who has an interest in the property? Check one.	NAMES AND ADDRESS OF THE PARTY	
	County		Debtor 1 only		
	·		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is (see instructions	community property
			Other information you wish to add about this ite property identification number:	em, such as local	
			Il of your entries from Part 1, including any entries		\$0.00
art 2.	Describe Your \	/ehicles			
o you cou own: Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable interes es. If you lease a vehicle	st in any vehicles, whether they are registered or a e, also report it on Schedule G: Executory Contracts of , motorcycles	not? Include any vehic and Unexpired Leases.	les
o you o ou own: Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable intereses. If you lease a vehicles, sport utility vehicles	e, also report it on <i>Schedule G: Executory Contracts a</i> , motorcycles	not? Include any vehic and Unexpired Leases	les
o you o ou own: Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles.	e, also report it on Schedule G: Executory Contracts a , motorcycles Who has an interest in the property? Check one.	and Unexpired Leases Do not deduct secured	les claims or exemptions. Put red claims on Schedule D:
O you o ou own t Cars, \textsquare No	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles. Nissan Altima	e, also report it on Schedule G: Executory Contracts and the motorcycles Who has an interest in the property? Check one.	and Unexpired Leases Do not deduct secured the amount of any secu	claims or exemptions. Put
Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year:	pal or equitable intereses. If you lease a vehicles, sport utility vehicles. Nissan Altima 2013	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases Do not deduct secured the amount of any secu Creditors Who Have Cl. Current value of the	claims or exemptions. Put red claims on Schedule D: aims Secured by Property.
Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors os Make: Model: Year: Approximate mileage:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles. Nissan Altima	e, also report it on Schedule G: Executory Contracts and motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases Do not deduct secured the amount of any secu Creditors Who Have Cl.	claims or exemptions. Put red claims on Schedule D: aims Secured by Property.
O you o ou own t Cars, \textsquare No	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year:	pal or equitable intereses. If you lease a vehicles, sport utility vehicles. Nissan Altima 2013	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases Do not deduct secured the amount of any secu Creditors Who Have Cl. Current value of the	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. • Current value of the portion you own?
O you could own to come own to	wwn, lease, or have legathat someone else drive wans, trucks, tractors es Make: Model: Year: Approximate mileage: Other information:	pal or equitable intereses. If you lease a vehicle part at a vehic	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured the amount of any secu Creditors Who Have Ck. Current value of the entire property?	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. • Current value of the portion you own?
O you could own to cars, Cars, Very Year	own, lease, or have leg that someone else drive vans, trucks, tractors os Make: Model: Year: Approximate mileage:	pal or equitable intereses. If you lease a vehicle part at a vehic	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured the amount of any secu Creditors Who Have Ck. Current value of the entire property?	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. • Current value of the portion you own?
o you co ou own to Cars, I No I Ye 3.1.	wwn, lease, or have legathat someone else drive wans, trucks, tractors es Make: Model: Year: Approximate mileage: Other information:	pal or equitable intereses. If you lease a vehicle part at a vehic	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured the amount of any secu Creditors Who Have Cl. Current value of the entire property? \$ 7,240.00	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$ 20,707.00
Cars, Royal Cars, 3.1.	wwn, lease, or have leg that someone else drive vans, trucks, tractors os Make: Model: Year: Approximate mileage: Other information:	pal or equitable intereses. If you lease a vehicle part at a vehic	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured the amount of any secu Creditors Who Have Ck. Current value of the entire property? \$ 7,240.00 Do not deduct secured the amount of any secured the amount of any secured the amount of any secured.	claims or exemptions. Put red claims on <i>Schedule D: aims Secured by Property.</i> e Current value of the portion you own? \$
o you could own to our	own, lease, or have leg that someone else drive vans, trucks, tractors of es. Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model: Year:	pal or equitable intereses. If you lease a vehicle part and a vehicle	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured the amount of any secu Creditors Who Have Ch. Current value of the entire property? \$ 7,240.00 Do not deduct secured the amount of any secu Creditors Who Have Ch. Current value of the	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$ 20,707.00 Claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the
Cars, Cars, No Ye 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors of es. Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model:	pal or equitable intereses. If you lease a vehicle part and a vehicle	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured the amount of any secu Creditors Who Have Cl. Current value of the entire property? \$ 7,240.00 Do not deduct secured the amount of any secu Creditors Who Have Cl.	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$ 20,707.00 Claims or exemptions. Put red claims on Schedule D: aims Secured by Property.

Last Name Who has an interest in the property? Check one Make: 3.3 Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 2 No ☐ Yes Who has an interest in the property? Check one Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see 0.00instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another 0.00 0.00 Check if this is community property (see instructions) Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 27,707.00 you have attached for Part 2. Write that number here

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Case 17-11273

Debra

Debtor 1

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Debtor 1

Debra First Name Lee

Document

Case number (if known)

Part 3: **Describe Your Personal and Household Items**

Middle Name

D	o you own or have any legal or equitable interest in any of the following items?	Current va portion yo Do not deduc or exemption	u own? ct secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	No	1	
	Yes. Describe	\$	200.00
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	☑ Yes. Describe	\$	0.00
			······································
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No		
	☐ Yes. Describe	\$	0.00
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe		0.00
		Ψ	***************************************
10	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
	Yes. Describe	\$	0.00
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe		100.00
	Tes. Describe	\$	100.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	☑ No ☐ Yes. Describe	\$	0.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses		
	☑ No ☐ Yes. Describe	\$	0.00
14.	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific information.	\$	0.00
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	300.00

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Debtor 1

Debra

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First Name

Middle Name

Last Name

Case number (it known)

Describe Yo	our Financial Assets			7337-33-73-74-34-34-34-34-34-34-34-34-34-34-34-34-34	
	legal or equitable interest in	any of the following?		portion yo	alue of the ou own? uct secured claim
16. Cash <i>Examples:</i> Money you	have in your wallet, in your ho	me, in a safe deposit box, and on hand when you	file your petition		
2 No					
Yes			Cash:	\$	0.00
and other s	savings, or other financial acco similar institutions. If you have r	unts; certificates of deposit; shares in credit union: nultiple accounts with the same institution, list eac	s, brokerage houses h.	S,	
Ø No					
☐ Yes		Institution name:			
	17.1. Checking account:			\$	0.00
	17.2. Checking account:			\$	0.00
	17.3. Savings account:			\$	0.00
	17.4. Savings account:			· \$	0.00
	17.5. Certificates of deposit:			· •	0.00
	17.6. Other financial account:			Φ	0.00
	17.7. Other financial account:			Φ	0.00
	17.8. Other financial account:	4		Φ	0.00
	17.9. Other financial account:			***************************************	0.00
				\$	0.00
	or publicly traded stocks investment accounts with brok	erage firms, money market accounts			
₩ No					
₩ Yes	Institution or issuer name:				
	W-007-007-007-007-007-007-007-007-007-00		***************************************	_ \$	0.00
				- \$ <u> </u>	0.00
				- \$	0.00
9. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, includin	ng an interest in		
☑ No	Name of entity:		% of ownership:		
Yes. Give specific			0%%	\$	0.00
information about them	***************************************		0% %	\$	0.00
			0%%	§	0.00

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20. Government and corporate bonds and other negotiable and non-negotiable instruments

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Debra Lee Debtor 1 Case number (it known) First Name Middle Name Last Name

		cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.		
Ø No				
Yes. Give specific	Issuer name:			
information about them			\$	0.00
W 2011			\$	0.00
			\$	0.00
21. Retirement or pension				
•	RA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
☑ No ☑ Yes. List each				
account separately.	Type of account:	Institution name:		
	401(k) or similar plan:		\$	0.00
	Pension plan:		\$	0.00
	IRA:		\$	0.00
			3	0.00
	Retirement account:		\$	0.00
	Keogh:		\$	
	Additional account:		\$	0.00
	Additional account:		\$	0.00
Examples: Agreements companies, or others	with landlords, prepai	d rent, public utilities (electric, gas, water), telecommunications		
🗷 No				
☐ Yes	Ins	stitution name or individual:		
	Electric:		S	0.00
	Gas:		s	0.00
	Heating oil:		\$	0.00
	Security deposit on rer	otal unit:	\$	0.00
	Prepaid rent:		\$	0.00
	Telephone:		\$	0.00
	Water:		\$	0.00
	Rented furniture:		\$	0.00
	Other:		\$	0.00
3. Annuities (A contract fo	r a periodic payment o	of money to you, either for life or for a number of years)		
Ø No				
☐ Yes	Issuer name and des	cription:		
			\$	0.00
			\$	0.00
			\$	0.00

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Case number (if known)

Debtor 1 First Name

Debra

Lee

Last Name

Middle Name

Document

24 Interacts in an advention IDA	in en e		v 4 ***		
26 U.S.C. §§ 530(b)(1), 529A(b		count in a qualified ABLE program, or under a qualified s (9(b)(1).	state tuition program.		
☑ No					
☐ Yes	Institutio	n name and description. Separately file the records of any inte	erests.11 U.S.C. § 521(c	c):	
				œ.	0.00
	0.00			\$	0.00
	***************************************			ъ <u></u>	0.00
			· · · · · · · · · · · · · · · · · · ·	Φ	
25. Trusts, equitable or future intexercisable for your benefit	erests in	property (other than anything listed in line 1), and rights	or powers		
☑ No					
☐ Yes. Give specific			ekolonik selamina makasa (kumamasa mammasa asperjar kiri gangapi jajaga).	N 100%	0.00
information about them				\$	0.00
26. Patents, copyrights, trademar	rks. trade	e secrets, and other intellectual property			
		sites, proceeds from royalties and licensing agreements			
☑ No					
Yes. Give specific			Trifement of the State (All and All an		0.00
information about them				\$	0.00
27. Licenses, franchises, and oth					
✓ No	lusive iic	enses, cooperative association holdings, liquor licenses, profe	essional licenses		
Yes. Give specific				-	
information about them				\$	0.00
· .					
Money or property owed to you?				5	value of the
					you own? educt secured
				claims or	exemptions.
28. Tax refunds owed to you					
2 No			***		
Yes. Give specific information about them, including v			Federal:	\$	0.00
you already filed the re- and the tax years			State:	5	0.00
and the tax years	************		Local:	<u> </u>	0.00
29. Family support					
✓ No	n ailmony	/, spousal support, child support, maintenance, divorce settler	nent, property settlemer	rt	
Yes. Give specific information	un.		[
war res. Give speeme informatio	4 1	•) 	Alimony:	\$	0.00
			Maintenance:	\$	0.00
			Support:	\$	0.00
			Divorce settlement:	\$	0.00
			Property settlement:	\$	0.00
30. Other amounts someone owes Examples: Unpaid wages, disab	ility insur	ance payments, disability benefits, sick pay, vacation pay, wo	orkers' compensation,		
Social Security benef	nts; unpa	id loans you made to someone else			
Yes. Give specific informatio	n		and the section of th	, maren	
res. Oive specific anomatio	I #			S	0.00

Case 17-11273 Doc 1 Filed 04/10/17 Entered 04/10/17 13:35:14 Desc Main Document Page 18 of 62 Debra Lee Debtor 1 Case number (if known) First Name Middle Name 31 Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 0.00 0.00 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Z No Yes. Give specific information..... 0.00 33 Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ✓ No ☐ Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No ☐ Yes. Describe each claim...... 0.00 35. Any financial assets you did not already list Z No ☐ Yes. Give specific information...... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 51 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property?

☐ Yes. Go to line 38.	
Current value of portion you ow	
Do not deduct set or exemptions.	cured claims
38. Accounts receivable or commissions you already earned	
☑ No	
☐ Yes. Describe	0.00
39. Office equipment, furnishings, and supplies	
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
2 No	
Yes. Describe	0.00

Document Page 19 of 62 Debra Lee Debtor 1 Case number (it known) First Nam 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe... 0.00 41. Inventory Mo No Yes. Describe. 0.00 42. Interests in partnerships or joint ventures ■ No ☐ Yes. Describe...... Name of entity: % of ownership 0.00 _% 0.00 0.00 43. Customer lists, mailing lists, or other compilations ☑ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 0.00 44. Any business-related property you did not already list ☑ No Yes. Give specific 0.00 information 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish M No ☐ Yes..... 0.00

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Page 20 of 62 Debra Debtor 1 Case number of known First Name Middle Nami Last Nam 48 Crops-either growing or harvested **Z** No Yes. Give specific 0.00 information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Z No ☐ Yes 0.00 50. Farm and fishing supplies, chemicals, and feed Z No Yes 0.00 51. Any farm- and commercial fishing-related property you did not already list Z No Yes. Give specific information..... 0.00 \$ 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here 2177 Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **2** No 0.00 ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8 List the Totals of Each Part of this Form 0.00 55 Part 1: Total real estate, line 2 27,707.00 56. Part 2: Total vehicles, line 5 300.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 28,007.00 28,007.00 62. Total personal property. Add lines 56 through 61. Copy personal property total 🖈 28,007.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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Fill in this in	formation to ide	entify your case:		J
Debtor 1	Debra	Lee	Cary	
· ·	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
		or the: Northern District of Illin		
	ourrapio, oourra	or ale. Horatory, Dieurot es mai		
Case number (If known)			WYTERTONIAN .	

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

CETIVE Identify the Property You Claim as Exempt

Which set of ex	xemptions are you claiming?	Check one only, even if	your spouse is filing with you.	
			J.S.C. § 522(b)(3)	
For any proper	ty you list on <i>Schedule A/B</i> th	nat you claim as exemp	ot, fill in the information below.	
		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	Nissan Altima	\$7,240.00	\$ 2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B:	3.1		any applicable statutory limit	
Brief description:	Furniture	\$300.00	\$ 300.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	.6		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes	\$ <u>100.00</u>	\$\frac{100.00}{1000000000000000000000000000000	735 ILCS 5/12-1001(a)
Line from Schedule A/B:	11		any applicable statutory limit	
(Subject to adju	stment on 4/01/19 and every 3 y	ears after that for cases		
	You are cla You are cla You are cla You are cla For any proper Brief descriptischedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claiming (Subject to adjuming Yes. Did you No	You are claiming state and federal nonbank You are claiming federal exemptions. 11 U For any property you list on Schedule A/B the Brief description of the property and line on Schedule A/B that lists this property Brief description: Line from Schedule A/B: Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 you have been acquire the property covered to No	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exemption of the property and line on Schedule A/B that lists this property Brief description of the property and line on Schedule A/B that lists this property Copy the value from Schedule A/B Brief description: Line from Schedule A/B: Brief description: Furniture \$300.00 Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Clothes \$100.00 Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases No Yes. Did you acquire the property covered by the exemption within Yes.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Copy the value from Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line

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F	Fill in this in	formation to identify)	our case:		ago 22 oi 0 2					
	Debtor 1	Debra	Lee	Cary						
		First Name	Middle Name	Last Name						
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name						
1	United States	Bankruptcy Court for the: N	Northern Distric	t of Illinois						
	Case number	, , , - , , , ,								
	(if known)	***************************************					Ţ	🖬 Check i		an
								amende	ea ming	
(Official	Form 106D								
6	Sched	ule D: Cred	litors W	ho Have Clai	ms Secur	ed by Prop	erty		12/1	5
ir a	nformation. idditional p Do any cr	If more space is need ages, write your name editors have claims se eck this box and submit	ed, copy the A and case num cured by your this form to th	,	number the entries,	and attach it to this	form. On	ing correct the top of	t any	
l o		ill in all of the informations st All Secured Clain								
	List all sec	cured claims. If a credit	or has more th	an one secured claim, list the articular claim, list the other of all order according to the creater that the creater according to the creater acc	creditors in Part 2.	Column A Amount of claim Do not deduct the value of collateral.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	collateral ports this	Column Unsecu portion	red
2.	1 Exeter	Financial	Desc	ribe the property that secur	es the claim:	\$ 27,707.00	\$ 27	7,707.00	\$ (00.0
	Creditor's Na		Car	Loan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************				
	Manthe	Street	As o	f the date you file, the claim	is: Check all that apply.	1				
	Irving City		5016 🔲 t	Contingent Unliquidated Disputed						
,	Who owes t	he debt? Check one.		re of lien. Check all that apply.						
.	Debtor 1	only	_	in agreement you made (such a	s mortgage or secured					
	Debtor 2	•		ar loan)						
1		and Debtor 2 only ne of the debtors and anoth		statutory lien (such as tax lien, m udgment lien from a lawsuit	echanic's lien)					
				Other (including a right to offset)		_				
	commu	this claim relates to a nity debt								
EDGE OF THE ST	Date debt w	as incurred <u>03/01/20</u>)17 Last	4 digits of account number	3 0 8 1	n de College Germand drouwerland. Drouden van derroom onderste verbeer de ver	e anticonomica de reconstruir anticonomica de construir de la construir de la construir de la construir de la c	means were removed individually	e de a manusca annano, eve suscesso	
2.2	2		Desc	ribe the property that secur	es the claim:	\$	\$	0.00	<u> </u>	.00
	Creditor's Na	ne	10.000 to 00.000 to 00.000			1				
	Number	Street	-							
			_ _ _	the date you file, the claim contingent Inliquidated	is: Check all that apply.	-				
	City	State ZIP	****	risputed						
١	Who owes t	he debt? Check one.	Natu	re of lien. Check all that apply.						
	Debtor 1			n agreement you made (such as	s mortgage or secured					
	Debtor 2 Debtor 1	only and Debtor 2 only		ar loan) tatutory lien (such as tax lien, m	echanic's lien\					
	****	and Debtor 2 only ne of the debtors and anoth		udgment lien from a lawsuit	containe e non					
. (this claim relates to a	101	other (including a right to offset)		-				
-	Date debt w			4 digits of account number_		tid til til state state state state state om state	na Armantan waka karenggan		-	eccente, sance
٠.	Add the c	lollar value of your ent	ries in Columi	n A on this page. Write tha	t number here:	\$ 27,707.00				

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Cary

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Case number (if known)

Debtor 1

		Docu
Debra	Lee	

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Column A Column B Column C **Additional Page** Amount of claim Value of collateral Unsecured Patr 44 After listing any entries on this page, number them beginning with 2.3, followed Do not deduct the that supports this portion by 2.4, and so forth. value of collateral. claim If any 0.00 0.00 0.00 Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who owes the debt? Check one Nature of lien. Check all that apply Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 0.00 0.00 s 0.00 Describe the property that secures the claim: Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number_ 0.00 s 0.00 0.00 Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number _ Add the dollar value of your entries in Column A on this page. Write that number here: 0.00 If this is the last page of your form, add the dollar value totals from all pages. 0.00 Write that number here:

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Middle Name

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Debtor 1

Debra

Lee

Cary

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

				On which line in Part 1 did you enter the creditor?
Vame	and the second s	**************************************		Last 4 digits of account number
lumber	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
	anangganan Sergeren er et et er en			On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street		** ***********************************	
	THE TOP AND POPULATION OF AN AND AND AND AND AND AND AND AND AND			_
City		State	ZIP Code	-
				On which line in Part 1 did you enter the creditor?
Name	***************************************			Last 4 digits of account number 3 0 8 1
Number	Street			_
C:4.		Club	710.0	_
City		State	ZIP Code	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
City		State	ZIP Code	-
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
				-
City		State	ZIP Code	-

Case 17-11273 Doc 1 Filed 04/10/17 Entered 04/10/17 13:35:14 Desc Main Page 25 of 62 Document Fill in this information to identify your case. Debra Lee Cary Debtor 1 First Name Middle Nam Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois ☐ Check if this is an Case number amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Total claim Nonpriority amount amount 0.00 \$____ 0.00 \$ Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ☐ No Yes 2.2 0.00 \$ 0.00 s 0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated 71P Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government

☐ No Yes

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

intoxicated Other, Specify

Claims for death or personal injury while you were

Pant 1s

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Debra

Your PRIORITY Unsecured Claims - Continuation Page

r noung any entities on this page, number thei	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.00	s <u>0.00</u>
Number Street	When was the debt incurred?			
Multiper Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City Stale ZIP Code	Unliquidated			
	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated Other. Specify 			
to the claim cubinet to offert?	Caren Specify			
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U yes				
	Last 4 digits of account number	s <u>0.00</u>	\$0.00	\$0.00
Priority Creditor's Name	-			
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
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ony out in out	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
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	Last 4 digits of account number	\$	\$	\$
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Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
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Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
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☐ Check if this claim is for a community debt	intoxicated Other. Specify	en-kate over Tiller til kaladet äv säveränje jon (Tiller) even (Tiller) till de	our afonoment commentable discourants in	nere constitution of the period of the perio
Is the claim subject to offset?				
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Case 17-11273

Lee

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Debra

Last Name

Nonprontly Creditor's Name 4824 Socialville Foster Rd Number Street Mason IL 60647 City State ZIP Code Contingent Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Nonprontly Creditor's Name Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Comcast Nonprontly Creditor's Name Last 4 digits of account number 3 0 8 1 Nonprontly Creditor's Name Tyou did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? Disputed As of the date you file, the claim is: Check all that apply. State Villaging and other similar debts When was the debt incurred? Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Contingent Unliquidated Unliquidated Disputed As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim:	1 : E	List All of Your NONPRIORITY Uns	secured Claims		
4. List all of your nonpriority unsecured claims in the aliphabetical order of the creditor who holds each claim. If a cic Dio not is claims arisens included in Part 1, if more than one creditor holds a particular claim, list the other creditors in Part 3, if you have more than three nonpriority unsecure claims. If out the Continuation Page of Part 2. Advance America		No. You have nothing to report in this part. Sul	bmit this form to th	e court with your other schedules.	
Advance America 135 N. Church St Number Stream Stream Sparlamburg SC 29306 City State I and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debt	4.	List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor separ included in Part 1. If more than one creditor holds	the alphabetical ately for each clain	order of the creditor who holds each claim. If a creditor has	s more than one
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Spartanburg Sc 29306 Only Sould ZiP Code Who incurred the debt? Check one. Contingent Con				When was the debt incurred:	
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Who incurred the debt? Check one. Unlagladated Disputed				As of the date you file, the claim is: Check all that apply.	
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Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts		Chack if this claim is for a community dobt			
Other. Specify Loan Comcast Last 4 digits of account number 3 0 8 1 \$ 800.00 \$ 100.00 \$					
Comcast Nonpriority Creditor's Name 1701 John F. Kennedy Blvd Number Street Philadelphia PA 19103 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Last 4 digits of account number 3 0 8 1 When was the debt incurred? 09/15/2016 When was the debt incurred? 09/15/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:					
Comcast Nonpriority Creditor's Name 1701 John F. Kennedy Blvd Number Street Philadelphia PA 19103 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Last 4 digits of account number 3 0 8 1 When was the debt incurred? 09/15/2016 When was the debt incurred? 09/15/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:		☐ Yes			
Last 4 digits of account number 3 0 8 1 800.0	3	_	ikulovsk rekontik ski i skilatili krititeliset i kritinetik e etki esiski e etki etki e etki etki e	-2.079162234999922345494994923493499499499499499499499499499949	egiterine proteste (i et proteste (i et proteste (i et proteste et en distribution de la constitue de la const
1701 John F. Kennedy Blvd Number Street Philadelphia PA 19103 As of the date you file, the claim is: Check all that apply.	•				s 800.00
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Code ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim:		1701 John F. Kennedy Blvd		When was the debt incurred? 09/15/2016	*
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Contingent Disputed Disputed Type of NONPRIORITY unsecured claim:		Philadelphia PA	19103	An of the data was file the shows to go at the same	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:		City State	ZIP Code		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:		Who incurred the debt? Check one.			
Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another					
At least one of the debtors and another		<u> </u>		was Disputed	
		· · · · · · · · · · · · · · · · · · ·		Type of NONPRIORITY unsecured claim:	
				Student loans	
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce		☐ Check if this claim is for a community debt			
Is the claim subject to offset?				that you did not report as priority claims	
✓ No Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify <u>Cable Bill</u>		•			

Yes

Part 2

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First Name

Your NONPRIORITY Unsecured Claims - Continuation Page

	er listing any entries on this page, n	umber the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	Drive Time			Last 4 digits of account number 3 0 8 1	_{\$} 9,542.00
	Nonpriority Creditor's Name 9850 Indianapolis Blvd			When was the debt incurred? 08/04/2015	T
	Number Street Highland	IN	46322	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	ar.		Student loans	
	Check if this claim is for a committee the claim subject to offset?			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Car Loan 	
	Mo No ☐ Yes	÷		Otter, Specify Od. 20017	· :
4.5	First Choice Loans	nang perangan kanggan pengangan pengan	િત્તર પ્રતિ કાર્યા માને વર્ષા વિતાસ કરિયા કર્યા કર્યા કર્યા કાર્યા કાર્યા કરિયા કર્યા કર્યા કર્યા કરિયા કર્યા મ	Last 4 digits of account number 3 0 8 1	\$ 1,000.00
	Nonpriority Creditor's Name One Towne Center Floor 18			When was the debt incurred? 03/01/2017	
	Number Street East Brunswick	NJ	08816	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and anothe			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify Loan	:
4.6	r had eithid riidid dig riighdad agus mach geasg dadhad ag Anthrid na an gréar periditha an caus, a dadh na balana a	TATALIS TO THE TIME TO THE TRANSPORT OF	atorilla ellillettik kirjalilliyyda etyvä la etil etä etyövenete eta etillistybelletik	Last 4 digits of account number 3 0 8 1	\$ <u>815.00</u>
	First Response Ortho Group I	nc.		•	
	One Towne Center Floor 18 Number Street			When was the debt incurred? 03/01/2017	
	East Brunswick	NJ	08816	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			_ 3.0,4.03	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	:
	Is the claim subject to offset? No Yes			Other. Specify Medical Bill	:

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Debtor 1

Part 2:	Your NONPRIORITY	Unsecured	Claims –	Continuation	Page
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Florida Hospital			Last 4 digits of account number 3 0 8 1	500.00
Nonpriority Creditor's Name	·····		40/05/0045	\$ 300.00
601 E. Rollins St.			When was the debt incurred? 12/25/2015	
Number Street Orlando	FL	32803	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ At least one of the debtors ar ☐ Check if this claim is for a is the claim subject to offset ☑ No ☐ Yes	community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill 	
FMS Facilities Nonpriority Creditor's Name	Nikoling Andrews (1992) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1	Sa (ILAN NY) (Sarken va vet e- Galles) planka missississa kansassissa kansassissa kansassissa kansassissa kans	Last 4 digits of account number $\frac{3}{0}$ $\frac{0}{8}$ $\frac{1}{1}$ When was the debt incurred? $\frac{06/29}{2015}$	\$ 183.00
701 Codisco Way Number Street			New York The Proposition Annual Annua	
Sanford City	FL State	32771 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a list he claim subject to offset? No Yes	l another community debt		 Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Loan 	
Franciscan Medical Ass	ociate	ta katik-milika da menjaka, menda angi kan pengian tak andi indik-ne generakan da mengan	Last 4 digits of account number 3 0 8 1	\$ 252.00
2050 N. Main St			When was the debt incurred? 09/23/2016	
Number Street Crown Point	IN	46307	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check	State one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a s the claim subject to offset?			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	

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Your NONPRIORITY Unsecured Claims — Continuation Page

Franciscan Health Ham	nmond		Last 4 digits of account number 3 0 8 1	\$ <u>860.</u>
Nonpriority Creditor's Name 5454 Hohman Ave			When was the debt incurred? 06/15/2016	-
Number Street Hammond	IN	46320	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check ✓ Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an	d another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a is the claim subject to offset? ☐ No ☐ Yes	•		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
Gary Methodist Southla	ke Bam	romanisti, a romanisti, a romanisti a romanisti kan	Last 4 digits of account number 3 0 8 1	s <u>173.0</u>
Nonpriority Creditor's Name 600 Grant St.			When was the debt incurred? 10/13/2016	
Number Street Gary	IN	46402	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a Is the claim subject to offset? No Yes	l another		 ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill 	
Methodist Hospital Sout	hlake	e PET APPAR PETA PARAMETERA PERAMERA (APPARAMETERA PARAMETERA APPARAMETERA PARAMETERA PARAMETERA PARAMETERA PA	Last 4 digits of account number 3 0 8 1	\$ 60.0
600 Grant St.			When was the debt incurred? 07/07/2016	
Number Street Gary	IN	46402	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check	State one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and☐ Check if this claim is for a description is the claim subject to offset?☐ No			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	

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Your NONPRIORITY Unsecured Claims - Continuation Page

				n 4.4, followed by 4.5, and so forth.	Total claim	
	Navy Federal Credit Union	··· • · · · · · · · · · · · · · · · · ·		Last 4 digits of account number 3 0 8 1	_{\$} _1,300.00	
	Nonpriority Creditor's Name P.O. Box 3000			When was the debt incurred? 03/01/2016		
	Number Street Merriville	IN	22119	As of the date you file, the claim is: Check all that apply.		
:	Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans		
1	☐ At least one of the debtors and another ☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan		
ì	Nipsco Nonpriority Creditor's Name	gorg teghnology a gorg a gorg good and gorge good and go	1875年(1875年),1975年(1975年),1975年(1975年),1975年(1975年),1975年(1975年),1975年(1975年),1975年(1975年),1975年),1975年),1975年	Last 4 digits of account number 3 0 8 1 When was the debt incurred? 11/01/2016	\$ 500.00	
_	E.83rd Number Street		·	when was the debt incurred?		
	Crown Point	IN State	46307 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent		
[[[1:	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commus the claim subject to offset? No Yes			 ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify <u>Utility</u> 		
	T Mobile	is-triansia-kitekitekin-govillis, lov-g-v	હિન્દ ફુલ્યું કર્યું કરિતા કરિતા કરિતા કરિતા કર્યા છે. તેને કર્યું કર્યા કર્યા કર્યા કર્યા કર્યા કરવા છે. સામજ	Last 4 digits of account number 3 0 8 1	\$458.00	
F	Nonpriority Creditor's Name P.O. Box 37380			When was the debt incurred? 12/25/2015		
	tumber Street Albuquerque	NM	87176	As of the date you file, the claim is: Check all that apply.		
V	Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communisting the claim subject to offset?	nity debt		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Phone Bill		

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Your NONPRIORITY Unsecured Claims - Continuation Page

5.7	er listing any entries on this page, n	umber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
3.7	Trauma Physicans Service			Last 4 digits of account number 3 0 8 1	s_2,401.00
	Nonpriority Creditor's Name 2509 N Orange Ave			When was the debt incurred? 10/10/2013	
	Number Street Orlando	FL	32804	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	er.		Student loans	
	Check if this claim is for a comm	unity dobt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset? No Yes	unity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
5.8	Sprint Nonpriority Creditor's Name		maa katii ja hari ee	Last 4 digits of account number 3 0 8 1 When was the debt incurred? 10/30/2014	s <u>1,056.00</u>
	6200 Pkwy Number Street			The read the dept incured:	
	Overland Park	KS	66251	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe ☐ Check if this claim is for a commuls the claim subject to offset?		ZIP Code	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Cell Phone Bill 	
[O	Mo D Yes	TIINT ŠAAUTVAI HAIRATVANIIII KAĀTISTIST	AMIZZIINON-TAKKIŞI (netendi) (AZANÇIY) (ÜNŞANİ AYVANÇIYİ LADAN 1,227		entral der der der der der der der der der der
5.9	Web Bank Finger Hut Freshst	art		Last 4 digits of account number 3 0 8 1	<u>\$160.00</u>
	215 State St #1000			When was the debt incurred? 07/27/2015	
	Number Street Salt Lake City	UT	84111	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	:
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	:
	Is the claim subject to offset? ✓ No ☐ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan	:

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Your NONPRIORITY Unsecured Claims — Continuation Page

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6.1	Avalon Reserve Nonpriority Creditor's Name 1445 Avalon Reserve			Last 4 digits of account number 3 0 8 1	\$_2,562.00
				When was the debt incurred? 06/08/2015	
	Number Street Orlando	FL	32828	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communication.		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify Rental	
6.2	Superior Court #8 Crown Nonpriority Creditor's Name	in yanati umanatanina tadhah		Last 4 digits of account number 3 0 8 1	\$ 1,044.00
	2293 N Main St		······	When was the debt incurred? 03/01/2017	
	Crown Point	IN	46307	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu Is the claim subject to offset? ✓ No ☐ Yes	nity debt	Miller (II) (III) yyddiad y y ach a fabriol a diadaeth y ach ach ach ach ach ach ach ach ach ach	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Court Bill	hala kempahakatan menendaka seperangan Liminahansa
6.3	Lake Circuit Court			Last 4 digits of account number 3 0 8 1	\$ 56.00
	Nonpriority Creditor's Name 2293 N Main St			When was the debt incurred? 03/01/2017	
	Number Street Crown Point	IN	46307	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community the claim subject to offset? ☑ No	nity debt		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ✔ Other. Specify Court Bill 	:

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Your NONPRIORITY Unsecured Claims - Continuation Page

	er listing any entries on this page, n	umber the	m beginning with	a 4.4, followed by 4.5, and so forth.	Total claim	
6.4	── Duke Energy Florida			Last 4 digits of account number 3 0 8 1	s 350.00	
	Nonpriority Creditor's Name 4359 SE Maricamp Rd			When was the debt incurred? 01/08/2014	*	
	Number Street Ocala	FL	34480	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes		ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Utility		
6.5	Florida Emergency Physicians Nonpriority Creditor's Name	Secretaria de la constanta de	ana Pilamena mangana yang bara berang sang gerejeta ng 1931 at 1921 at 1921 at 1921 at 1921 at 1921 at 1921 at	Last 4 digits of account number 3 0 8 1	\$ 673.00	
	500 Winderley PL #115		·	When was the debt incurred? 10/09/2013		
	Number Street Maitland City	FL	32751	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a commuls the claim subject to offset? ✓ No □ Yes			 ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill 		
6.6	Nationwide Insurance Nonpnonty Creditor's Name	VII v veri all Savi i idinizal Quantido Za Arquinezo	erts kiederlede er filiciliek et de et sit et er vir stroven en	Last 4 digits of account number 3 0 8 1	\$159.00	
	PO Box 742522			When was the debt incurred? 09/17/2015		
	Number Street Cincinnati	ОН	45274	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another☐ Check if this claim is for a community the claim subject to offset? ☐ No☐ Yes	nity debt		 U Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Insurance Bill 		

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Your NONPRIORITY Unsecured Claims - Continuation Page

Northwest Emergency Associates Nonpriority Creditor's Name 8701 Broadway			Last 4 digits of account number 3 0 8 1	_{\$} 172.0
			When was the debt incurred? 09/02/2015	
Number Street Merriville	IN	46410	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim is for Is the claim subject to offset No Yes	State ack one. and another a community debt	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
Celtic/Cont Nonpriority Creditor's Name PO Box 31292		PP PRICE ACTIVE & PRICE ACTIVE & BOTTOM AND RESIDENCE ACTIVE ACTI	Last 4 digits of account number 3 0 8 1 When was the debt incurred? 08/03/2016	\$ <u>451.0</u>
Number Street			As of the date you file, the claim is: Check all that apply.	
Tampa City	FL State	33631 ZIP Code	Contingent	
Who incurred the debt? Chec ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors a □ Check if this claim is for Is the claim subject to offset ✓ No □ Yes	nd another a community debt		 □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card Bill 	
Dept Of Ed/Navient	- Marie Programin (A. Artis - Vrenonino A. Vell III - Alexandra II. Alexandra II. Alexandra III. Alexandra III	gil (Agi Agina yang Sangan yang Sangan Kanada ya Agina Sangan Sangan Sangan Sangan Sangan Sangan Sangan Sangan	Last 4 digits of account number 3 0 8 1	_{\$} 63,284.0
Nonpriority Creditor's Name PO Box 9635			When was the debt incurred? 10/14/2014	
Number Street Wilkes Barre	PA	18773	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Chec	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors ar	nd another		Student loans	
☐ Check if this claim is for			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
is the claim subject to offset No Yes	?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

Part 3:

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List Others to Be Notified About a Debt That You Already Listed

Fox Collection Center		·	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 528			Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
Goodlettsville	TN	37070	Last 4 digits of account number 3 0 8 1
Dity	State	ZIP Code	
Jefferson Capital System			On which entry in Part 1 or Part 2 did you list the original creditor?
16 Mcleland Rd			Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			
St Cloud	MN State	56303 ZIP Code	Last 4 digits of account number 3 0 8 1
Credit Management LP	Sentence of the Sentence of th	rispelliped generally i distribute of the military distribute of the military distributed by a filter	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			•
4200 International PY *umber Street		······	Line <u>4.3</u> of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			Claims
Carrollton	TX State	75007	Last 4 digits of account number 3 0 8 1
Law Offices of Mitchell	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
4ame 2222 Texoma PY 150			Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Vumber Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Sherman Dity	TX State	75091 ZIP Code	Last 4 digits of account number 3 0 8 1
Miramed Revenue Group			On which entry in Part 1 or Part 2 did you list the original creditor?
991 Oak Creek Dr			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Lombard City	IL State	60148 ZIP Code	Last 4 digits of account number 3 0 8 1
Miramed Revenue Group			On which entry in Part 1 or Part 2 did you list the original creditor?
991 Oak Creek Dr			Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	·		Part 2: Creditors with Nonpriority Unsecured
		00115	Claims
Lombard Dity	IL State	60148 ZIP Code	Last 4 digits of account number 3 0 8 1
Senex Services			On which entry in Part 1 or Part 2 did you list the original creditor?
lame 3333 Founders Road 2nd	Floor		
lumber Street	IUUI		Line 5.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2 Part 2: Creditors with Nonpriority Unsecured
ndianapolis	IN	46268	Claims
ity	State	ZIP Code	Last 4 digits of account number 3 0 8 1

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Pari 3

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Trustmark Recovery Service	es		On which entry in Part 1 or Part 2 did you list the original creditor?
541 Otis Bowen Dr			Line 5.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Munster	IN	46321	Last 4 digits of account number 3 0 8 1
City	State	ZIP Code	
Miramed Revenue Group		· · · · · · · · · · · · · · · · · · · 	On which entry in Part 1 or Part 2 did you list the original creditor?
991 Oak Creek Dr			Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		·	Part 2: Creditors with Nonpriority Unsecured
			Claims
Lombard	IL	60148	Last 4 digits of account number 3 0 8 1
City Sensoru (sunsennintin de de sand en militaria de manuel melancia de manuel de man	State	ZIP Code	
One Advantage LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 5.5 of (Check one): D Part 1: Creditors with Priority Unsecured Claims
1232 W. State Road 2 Number Street			Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Trained Street			Claims
LA Porte	IN	46350	Last 4 digits of account number 3 0 8 1
City	State	ZIP Code	Last 4 digits of account numberOOO1
Convergent Outsourcing			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line 5.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
PO Box 9004 Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Renton	WA	98057	Last 4 digits of account number 3 0 8 1
City	State	ZIP Code	
Fox Collection Center			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 528			Line 5.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Gooddlettsville	TN	37070	Last 4 digits of account number 3 0 8 1
City security consistent of the control of the cont	State	ZIP Code	
Harvard Collection Service			On which entry in Part 1 or Part 2 did you list the original creditor?
4839 N Elson			Line 5.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Chicago	IL	60630	Last 4 digits of account number 3 0 8 1
City contractions	State	ZIP Code	
LVNV Funding LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 10497			Line 5.9 of (Check and) T. Bott 1: Craditors with Drivity Hanning China
Number Street		***************************************	Line 5.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			Claims Part 2: Creditors with Nonpriority Onsecured
Greenville	sc	29603	Last 4 digits of account number 3 0 8 1
City	State	ZIP Code	Last - digits of account maniper

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Part 3

List Others to Be Notified About a Debt That You Already Listed

National Credit Systems			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 312125			Line 6.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
			Last 4 digits of account number 3 0 8 1
Alanta City	GA State	31131 ZIP Code	Edst 4 digits of account number
Bull City Financial Solution	n		On which entry in Part 1 or Part 2 did you list the original creditor?
1107 W. Main St 201			Line 6.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
Durham Dity	NC State	27701 ZIP Code	Last 4 digits of account number 3 0 8 1
Gold Key Credit Inc		The second secon	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 15670			Line 6.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Brookside Dity	FL State	34604 ZIP Code	Last 4 digits of account number 3 0 8 1
Credit Collection Service			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 607			Line 6.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
Norwood ity	MA State	02062 ZIP Code	Last 4 digits of account number 3 0 8 1
Credit Discount & Aud			On which entry in Part 1 or Part 2 did you list the original creditor?
415 E. Main POB 213			Line 6.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Streator ity	IL State	61364 ZIP Code	Last 4 digits of account number 3 0 8 1
Continental Financial Co	and the second s	a kanadangan milingan dan iki samungan segenjahan Afrika dan pampan samunian kanadan pum	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 8099			Line 6.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
Newark lity	DE State	19714 ZIP Code	Last 4 digits of account number 3 0 8 1
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
The second secon			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
ity	State	ZIP Code	Last 4 digits of account humber

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a	Domestic support obligations	6a.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	63,284.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	28,158.00
	6j.	Total. Add lines 6f through 6i.	6j.		97,792.00

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Debtor 1

Debra

Lee

Cary Last Name

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	翅藻	100	300	

Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this	page, number the	em beginning witt	1 4.4, followed by 4.5, and so forth.	Total claim
Blatt, Hasenmiller	·		Last 4 digits of account number 3 0 8 1	_{\$_} 5,000.00
8605 Broadway			When was the debt incurred? 03/02/2017	
Number Street Merrillville	IN	46410	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	State	ŽIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
At least one of the debtors and Check if this claim is for a is the claim subject to offset No Yes	a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan	
2 Chest Diseases Assoc	iates PC		Last 4 digits of account number 3 0 8 1	s 850.00
Nonpriority Creditor's Name 8909 Broadway			When was the debt incurred? 03/01/2017	
Number Street Merrillville	IN	46410	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim is for a Is the claim subject to offset	nd another a community debt	ŽIP Code	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other, Specify Medical Bill 	
3 Guaranty Bank	ngama padagan manga salan ing di naga manga salam ing di naga sanga di naga manga di naga sana di	gang fi kilogo ya at antigan kumumini fi kanahi 200 eshigan 1881 aliqo fi kilogo fi kanahi 1885	Last 4 digits of account number 3 0 8 1	\$ 500.00
Nonpriority Creditors Name 4000 West Brown Deer	^r Road		When was the debt incurred? 03/02/2017	
Brown Deer City	WI State	53209 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors an ☐ Check if this claim is for a	k one. Id another I community debt	Zir Gode	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Bank Fees	

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Fi	l in this ir	iformation (to identify your	case:					
ne	btor	Debra		Lee	Cary				
00	Dioi	First Name	M	iddie Name	Last Name				
	btor 2 ouse If filing)	First Name	M	iddle Name	Last Name				
Un	ited States	Bankruptcy Co	ourt for the: North	ern District o	of Illinois				
	se number known)								Check if this is an amended filing
		-							Ĵ
		Form 10		-					
Sc	hedi	ıle G:	Execut	ory Co	ontracts and	Un	expired L	eases	12/15
info	rmation. I	f more spac		ppy the add	arried people are filing to itional page, fill it out, no or (if known).				
1.	🛭 No. C	heck this bo		rm with the o	oired leases? court with your other sche the contracts or leases an				
2.	List sepa	rately each rent, vehic	person or com	pany with v	vhom you have the cont	ract or le	ease. Then state w	hat each contrac	
					ontract or lease	All the second of the	State what the co	ontract or lease is	s for
ż			·						
2.1									
	Name								
	Number	Street							
	City		State	ZIP Code		_			
2.2					Anna and an artist of the second and an artist of the second and an artist of the second and artist of the second and are second as a second and are second as a second and are second as a second and are second as a second			en en en en en en en en en en en en en e	
2.2	Name					_			
	Number	Street		*************************************					
	City		State	ZIP Code		-			
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	Name				*** *** *** *** *** *** *** *** *** **	-			
	Number	Street		The state of the s		-			
	City		State	ZIP Code	Add Add by the said for some of the said o	-			
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	Name					na .			
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2.5	J15			Lii Code	kontraktining optimisely i see a steering as a steering of the see a steering of the see as a st		erskere erskaanse erskaanse er en een een ee	er er er er er er er er er er er er er e	
	Name					-			
	Number	Street				-			
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Debtor 1

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	Person	or company with	n whom you	have the contract or lease	What the contract or lease is for
2 2					
~	Name		**************************************		
	Number	Street			
	City		State	ZIP Code	
2	Name	***************************************			
	Number	Street			
	City	Street	State	ZIP Code	
2			· ··	21. 0000	kan dana 110 km - 1 km mana dana kata dan katan katan katan katan da katan katan katan katan da kan da kan da k
	Name	MILLE THE THE THE THE THE THE THE THE THE TH	***************************************		
	Number	Street			
	City		State	ZIP Code	
2	distance de la designa de la comunidação de co			eredikkendplacerede (* 1900) er en en er en en en en en en en en en en en en en	
	Name				
	Number	Street		***************************************	
	City		State	ZIP Code	
2					The state of the s
	Name				
	Number	Street			
	City		State	ZIP Code	
2	Name				
	Number	Street			
	City		State	ZIP Code	
2	e de la companya di salah di salah di salah di salah di salah di salah di salah di salah di salah di salah di s				en de la companya del la companya de
	Name				
	Number	Street			
	City	***************************************	State	ZIP Code	

City

Name

Number

Street

State

ZIP Code

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Fill in this i	nformation to identify	your case:					
Debtor 1	Debra	Lee (Cary				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing		Middle Name	Last Name				
		Northern District of Illinois			Observit.	CE Alla Carlos	
Case number (If known)	THE STATE OF THE S					if this is: amended filing	
			A CONTRACTOR OF THE CONTRACTOR		☐ A sı	upplement showing pos	
Official Fo	orm 106I					ome as of the following	date:
***************************************		rincome			MW	/ DD / YYYY	12/15
supplying co If you are sep separate shee	rrect information. If yo arated and your spou	essible. If two married pec ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and yo do not include inf	our sp forma	oouse is living wit ition about your s	h you, include information pouse. If more space is	on about your spouse. needed, attach a
Fill in you information	r employment on.		Debtor 1			Debtor 2 or non-l	illing spouse
attach a se	e more than one job, eparate page with n about additional	Employment status		ed	eta Lindonia kun eta Europa kalan kalana eta era bakan bakan bakan bakan bakan eta bakan eta bakan eta bakan e	☐ Employed ☐ Not employed	K (Circle) hald till bled et deltalet de klanet former stellen ved til ekseker klanet skelenstakken blede skel
Include pa self-emplo	rt-time, seasonal, or ved work						
Occupation	n may include student aker, if it applies.	Occupation	Para Medica	l Exa	aminer	***************************************	
		Employer's name	Portamedic				· · · · · · · · · · · · · · · · · · ·
		Employer's address	2135 City Ga	ite La	ane	Number Street	
			Naperville City	Stat	IL 60653 te ZIP Code	City	State ZIP Code
		How long employed ther	e? 3 years			3 years	
Part 2	Give Details About	Monthly Income					
spouse unl If you or yo	ess you are separated. our non-filing spouse ha	the date you file this form we more than one employed tach a separate sheet to this	r, combine the info				•
					For Debtor 1	For Debtor 2 or non-filling spouse	
		ary, and commissions (bef calculate what the monthly		2.	\$_2,000.00	\$	
3. Estimate	and list monthly over	time pay.		3.	+ \$0.00	+ \$	
4. Calculate	gross income. Add lin	ne 2 + line 3.		4.	\$ 2,000.00	\$	

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Carv Debra Lee Debtor 1 Case number (if known) First Name Middle Name For Debtor 1 For Debtor 2 or non-filing spouse 2,000.00 Copy line 4 here 4 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 50 0.00 5d. Required repayments of retirement fund loans 5d 0.00 5e. Insurance 5e 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g 0.005h. Other deductions. Specify: _ 5h. 0.006. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6 2.000.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a. monthly net income. 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. 8d. Unemployment compensation 8e. Social Security 8e 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. 0.00 2,000.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9 10. Calculate monthly income. Add line 7 + line 9. 2,000.00 2.000.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,000.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined

monthly income 13. Do you expect an increase or decrease within the year after you file this form? M No. Yes. Explain: Official Form 106I Schedule I: Your Income page 2

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FIL	l in this i	nformation to identif	y your case:					
De	btor 1	Debra First Name	Lee	Cary		eck if this is:		
De	btor 2	rastivame	Middle Name	Last Name			er.	
(Sp	ouse, if filing) First Name	Middle Name	Last Name	· ·	An amended	-	petition chapter 13
Uni	ited States	Bankruptcy Court for the	Northern District of Illin	nois			of the following	
	se number known)					MM / DD / YYY	Y	
Off	ficial F	 Form 106J		····				
			- our Expens	ies				12/15
infor (if kr	mation. I nown). Ar	f more space is need nswer every question	ded, attach another sh 1.	I people are fili eet to this form	ing together, both are e n. On the top of any add	equally respons ditional pages,	ible for supply write your nam	ing correct e and case number
Para	_	Describe Your Ho	usehold					
	this a joi:							
		to line 2. es Debtor 2 live in a	separate household?					
		No Yes. Debtor 2 must fi	ile Official Form 106J-2,	Expenses for S	Separate Household of D	ebtor 2.		
2. D c	you hav	e dependents?	₩ No		P	***************************************	**************************************	and a construction of the
	not list D btor 2.	ebtor 1 and	Yes. Fill out this i each dependent.		Dependent's relationshi Debtor 1 or Debtor 2	p to	Dependent's age	Does dependent live with you?
	not state mes.	the dependents'	, , , , , , , , , , , , , , , , , , ,					☐ No ☐ Yes
								☐ No
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					***************************************		11700111111111111111111111111111111111	Yes
					P	-		□ No
_					~			Yes
ex	enses o	enses include f people other than d your dependents?	☐ No ☐ Yes					
Parit	2i Es	timate Your Ongo	ing Monthly Expens	es				
					re using this form as a			
	nses as o cable dat		nkruptcy is filed. If this	is a suppleme	ental S <i>chedule J</i> , check	the box at the	top of the form	and fill in the
			n-cash government as:					jing ng Marjit
			d it on Schedule I: You		•		Your exper	ISOS
		or home ownership of the ground or lot.	expenses for your resi	dence. Include	first mortgage payments	and 4.	\$	600.00
lf	not inclu	ded in line 4:						
4a	_	state taxes				4a .	\$	0.00
4b		ty, homeowner's, or r				4b.	\$	0.00
40		•	and upkeep expenses			4c.	\$	0.00
4d	l. Home	owner's association of	condominium dues			4d.	\$	0.00

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Debtor 1 Per Lee Cary Case number (# known) Case number (# known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$ <u>0.00</u>
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$0.00
	6b. Water, sewer, garbage collection	6b.	\$0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$215.00
	6d. Other. Specify:	6d.	\$0.00
7.	Food and housekeeping supplies	7.	\$150.00
8.	Childcare and children's education costs	8.	\$ 0.00
9.	Clothing, laundry, and dry cleaning	9.	\$ 50.00
10.	Personal care products and services	10.	\$ 25.00
11.	Medical and dental expenses	11.	\$ 25.00
12.	Transportation. Include gas, maintenance, bus or train fare.		s 100.00
	Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 50.00
14.	Charitable contributions and religious donations	14.	\$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	ş <u>31.00</u>
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$ 115.00
	15d. Other insurance. Specify:	15d.	\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$ 535.00
	17b. Car payments for Vehicle 2	17b.	\$0.00
	17c. Other. Specify:	17c.	\$0.00
	17d. Other. Specify:	17d.	\$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	s 0.00
19.	Other payments you make to support others who do not live with you.		<u> </u>
15.	Specify:	19.	\$ 0.00
			Ψ
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	. 0.00
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$ 0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1		Lee le Name Last Name	Cary	Case number (# kno	<i>¥1</i> 7}		·
21. Otl	ner. Specify:				21.	+\$	0.00
22. Cal	culate your monthly e	kpenses.					
22 <i>a</i>	. Add lines 4 through 21				22a.	\$	1,896.00
22b	. Copy line 22 (monthly	expenses for Debtor 2), if	f any, from Official Form 10	06J-2	22b.	\$	
220	. Add line 22a and 22b.	The result is your monthly	y expenses.		22c.	\$	1,896.00
23. Calc	ulate your monthly ne	t income.					
23a.	Copy line 12 (your cor	nbined monthly income) fi	rom Schedule I.		23a.	\$	2,000.00
23b.	Copy your monthly ex	penses from line 22c abov	ve.		23b.	-\$	1,896.00
23c.	Subtract your monthly The result is your mon	expenses from your monithly net income.	thly income.		23c.	\$	104.00
24. Do y	ou expect an increase	or decrease în your exp	penses within the year af	ter you file this form?			
			ar loan within the year or d f a modification to the tern				
Z N	0.			************************************			
☐ Y	es. Explain here:						1

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ebtor 1	Debra	Lee	Cary	
	First Name	Middle Name	Last Name	
ebtor 2				
pouse, if filing)	rest Name	Middle Name	Last Name	
nited States E	Bankruptcy Court fo	r the: Northern District of	Ilfinois	
ase number f known)				

Declaration About an Individual Debtor's Schedules

12/15

☐ Check if this is an amended filing

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an a ☑ No	ttorney to help you fill out bankruptcy forms?
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the that they are true and correct.	summary and schedules filed with this declaration and
* Colsa & Cary * Signature of Debtor 1	
Date 3/24/17	Signature of Debtor 2 Date

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Fill in	this information	to identify yo	ur case:			
Debtor	1 Debra	Lee	Cary Middle Name	Last Name		
Debtor (Spouse	2 , if filing) First Name		Middle Name	Last Name	MAAAAAAAAA	
United	States Bankruptcy (Court for the: No	rthern District of I	llinois		
Case n						☐ Check if this is an
						amended filing
	ial Form 1					
			in the same of the same of the same of the same of the same of the same of the same of the same of the same of		ividuals Filing for I	
informa	tion. If more spa	ace is needed,	attach a separat	ed people are fi te sheet to this	ling together, both are equally res form. On the top of any additional	ponsible for supplying correct pages, write your name and case
number	(if known). Ans	wer every que	stion.			
Part 1	B Give Detai	ils About Yo	ur Marital Stat	us and Where	You Lived Before	
1. Whi	at is your curren	t marital statu	s?		····	
	Married					
Ŋ	Not married					
		ars, have you	lived anywhere c	other than wher	e you live now?	
Z		e nlaces vou liv	red in the last 3 ve	are Do not incl	ude where you live now.	
						Dates Debtor 2 lived there
					☐ Same as Debtor 1	Same as Debtor 1
	N			From	****	From
	Number Stre	eet		То	Number Street	То
		····				
	City	Sta	te ZIP Code		City Si	ate ZIP Code
					Same as Debtor 1	Same as Debtor 1
	Number Stre	eet	alating the latting the specific and specifi	From	Number Street	From
				To		To
	City	Sta	te ZIP Code		City St	ate ZIP Code
3. With	nin the last 8 years	ı rs, did you ev include Arizona	er live with a spo	ouse or legal eq o. Louisiana. Ne	uivalent in a community property s vada, New Mexico, Puerto Rico, Texa	state or territory? (Community property
1	٧o					25, vvastington, and vvisconsin.)
	res. Make sure y	ou fill out <i>Sche</i>	dule H: Your Code	ebtors (Official F	orm 106H).	
	1					
Part 2	Explain the	Sources of \	our Income	Wolds состанования применя и него на применя и него на применя и него на применя и него на применя и него на п	ellerforders framewood was an account as a management of the first of the same as a second and a second account	MANAGEMENT CONTROL CON

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***************************************	ary	Case nu	mber (if known)		
mat worde whole regime Last	t Name				
Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income.	ed from all jobs and all bus	inesses, including part-ti	me activities.	endar years?	гисыногоносы
✓ No☐ Yes. Fill in the details.					
	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross inco (before ded exclusions)	
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$	0.0
For last calendar year: (January 1 to December 31,)	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$0.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$	0.0
For the calendar year before that:	Wages, commissions, bonuses, tips	¢	Wages, commissions, bonuses, tips	e	0.0
(January 1 to December 31,)	Operating a business	T	Operating a business	Ψ	
Include income regardless of whether that inc unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.	nents; pensions; rental inco g a joint case and you have	ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties	; and r 1.
em res, em in the details.	Debtor 1		Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below	Gross incomeach source (before deduexclusions)	
From January 1 of current year until		\$		\$	0.00
the date you filed for bankruptcy:	VIII TO THE TOTAL PROPERTY OF THE PROPERTY OF	\$		\$	0.00
		\$		\$	0.00
For last calendar year:		\$		\$	0.00
(January 1 to December 31,)					0.00
ŶŶŶŶ		\$		\$	0.00
For the calendar year before that:		_		•	0.00

(January 1 to December 31,

0.00

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Debra Lee Carv

Debtor 1	Debra	Lee	Cary	Case number (if known)
	First Name	Middle Name	Last Name	

Part 3:	List Certain Payme	nts You Made B	efore You File	ed I	or Bankruptcy			
Ara aith	oor Dobtor 4to or Dobto	. 21- dabba antara		- 1- 4-	2			
	ner Debtor 1's or Debto							
₩ No.	Neither Debtor 1 nor I "incurred by an individu During the 90 days before	al primarily for a po	ersonal, family, o	r ho	usehold purpose."		defined in 11 U.S.C. § 101	(8) as
		ore you med for bu	intraptoy, dia you	, pa	any Greator a total	ιοιψ	o,425 of mole:	
	No. Go to line 7.							
	total amount y	ou paid that credite	r. Do not include	e pa	6,425* or more in or yments for domestic ents to an attomey f	supi	more payments and the port obligations, such as sbankruptcy case.	
					•		er the date of adjustment.	
☐ Yes	. Debtor 1 or Debtor 2 c	or both have orim	arily consumer (deh	te			
	During the 90 days befo					of \$6	600 or more?	
	☐ No. Go to line 7.	•	, ,. ,	٠,	•			
	Yes. List below each creditor. Do not alimony. Also,	t include payments	s for domestic su	ppo	600 or more and the rt obligations, such for this bankruptcy	as ch	ild support and	
			Dates of payment	1	Total amount paid	. (1	Amount you still owe	Was this payment for
					\$		\$	☐ Mortgage
	Creditor's Name							Car
	Number Street		***************************************	_				Credit card
	Multiper Greet							Loan repayment
								Suppliers or vendors
	City	State ZIP Co						Other
	City	State ZIP Co	ne					
								_
	Creditor's Name				\$		\$	☐ Mortgage
								☐ Car
	Number Street			-				Credit card
								Loan repayment
								Suppliers or vendors
	City	State ZIP Coo	de					Other
					•			
	Creditor's Name				\$,	\$	☐ Mortgage
								☐ Car
	Number Street			•••				Credit card
								Loan repayment
			<u> </u>	-				Suppliers or vendors
	City	State ZIP Coo	le					Other

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ebtor 1	Debra First Name	Lee Middle Name	Cary Last Name	·			Case number (if known	1)
Insid corpo agen	lers include you orations of whi at, including on as child suppo	ur relatives; any ch you are an of	general partners; ficer, director, per	relatives of ar son in control	ny general ; , or owner (partners; p of 20% or i	artnerships of whi more of their voting	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
		ments to an insi	ider.		· · · ·		, we	e ta e les
				Dates of payment		amount .	Amount you still owe	Reason for this payment
	Insider's Name	····			\$	0.00	\$0.00	
	Number Street							
	######################################			-				
	City	S	tate ZIP Code	_				
	Insider's Name				\$		\$	
	Number Street							
-		**************************************	·	<u></u>	-			
	City	SI	ate ZIP Code	•				
an in: Includ	sider? de payments or o		eed or cosigned b	y an insider.	Tald H			n account of a debt that benefited
				Dates of payment	paid	amount	owe	Reason for this payment Include creditor's name
Ĭ	Insider's Name			·	\$	0.00	\$	
ī	Number Street			- Allaha Madada Amara ara ara ara ara ara ara ara ara ara				
	***************************************	· · · · · · · · · · · · · · · · · · ·		- Miller by the commence of th				
ō	City	St	ate ZIP Code					
.		· · · · · · · · · · · · · · · · · · ·			\$	0.00	\$0.00	
ł	nsider's Name							
7	Number Street							
-				**************************************				
ā	City	Sta	ite ZIP Code					

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Document Page 53 of 62 Debra Cary Lee Debtor 1 Case number (if known), First Name Middle Name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title Court Name On appeal Concluded Number Street Case number City State ZIP Code Pending Case title_ Court Name On appeal Concluded Number Street Case number City ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Value of the property 0.00 Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. City Property was attached, seized, or levied. State ZIP Code Describe the property Value of the property Creditor's Name

Number Street

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Explain what happened

ZIP Code

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	First Name	Lee Middle Name	Cary Last Nan			
Withi	in 90 days bef	ore you filed for	bankrupto	cy, did any creditor, including a bank or financial institution, set off any a	mounts fro	m your
N N		го паке а рауп	nem becau	use you owed a debt?		
	es. Fill in the d	etails.				
					4.4	
Cr	reditor's Name			Describe the action the creditor took Date action was taken	Amount	
	umber Street				\$	0.0
140	ander direct					
Cit	ty	State ZIF	P Code	Last 4 digits of account number: XXXX		
				Company of the compan		
Withi	n 1 year befor	e you filed for b	ankruptcy,	, was any of your property in the possession of an assignee for the benef	it of	
credit	tors, a court-a	ppointed receive	ег, а custo	odian, or another official?		
Z No						
☐ Ye	es					
rt 5:	List Certa	in Gifts and Co	ontributio	DIS		
B **** *						
		re you filed for b	oankruptcy	, did you give any gifts with a total value of more than \$600 per person?		
MZ No						
⊷l Y∈	se Fill in the de					
	ss. i in ni tiic ut	etails for each gift	t.			
		value of more that		Describe the gifts Dates you gave the gifts	Value	
	Gifts with a total	•			Value	
p	Gifts with a total er person	value of more that			Value \$	0.00
p	Gifts with a total	value of more that			Value \$	0.00
p	Gifts with a total er person	value of more that			\\ \Value \\ \\$\	***************************************
p	Gifts with a total er person	value of more that			\\Value \\\$\	***************************************
Per	Gifts with a total er person	value of more that			\text{Value} \$ \$	***************************************
Per	Gifts with a total per person rson to Whom You	value of more that			\\ \text{Value} \\ \\$\	***************************************
Per	Gifts with a total per person rson to Whom You	value of more than			\$\$	***************************************
Per	Gifts with a total per person rson to Whom You mber Street	Gave the Gift State ZIP	n \$600 I		\text{Value} \$ \$	***************************************
Per	Gifts with a total per person rson to Whom You	Gave the Gift State ZIP	n \$600 I		\\ \text{Value} \\ \\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Per Nur City Per Giff	Gifts with a total per person rson to Whom You mber Street y rson's relationsh	Gave the Gift State ZIP	n \$600 I		\$ \$ Value	***************************************
Per Nur City Per Giff	Gifts with a total per person rson to Whom You mber Street rson's relationsh	Gave the Gift State ZIP	n \$600 I	the gifts	\$	0.00
Per Nur City Per Giff per	Gifts with a total per person rson to Whom You mber Street rson's relationsh fits with a total v r person	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Nur City Per Giff per	Gifts with a total per person rson to Whom You mber Street rson's relationsh	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Nur City Per Giff per	Gifts with a total per person rson to Whom You mber Street rson's relationsh fits with a total v r person	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Nur City Per Giff per	Gifts with a total per person rson to Whom You mber Street rson's relationsh fits with a total v r person	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Site Per Per Per Per Per Per Per Per Per Pe	Sifts with a total per person rson to Whom You mber Street rson's relationsh fits with a total v r person	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Site Per Per Per Per Per Per Per Per Per Pe	Gifts with a total per person rson to Whom You mber Street rson's relationsh fits with a total v r person	State ZIP ip to you	n \$600 I	the gifts	\$	0.00
Per Site Per Per Per Per Per Per Per Per Per Pe	rson to Whom You rson's relationsh fts with a total v r person son to Whom You son to Whom You son to Whom You	State ZIP ip to you alue of more than s	n \$600 I	the gifts	\$	0.00

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1 Debra First Name		Cary Last Name	PAPARE MANAGEMENT	Case number (if known)			****
. Not reside	e Mudde Igame	Lost Name					
	before you filed for I	pankruptcy, did you giv	e any gifts or contribution	ons with a total valu	e of more tha	n \$600 to any	charity?
No Yes Fill in t	he details for each gift	t or contribution					
165.71111111	rie details for each gill	or contribution.					
	ntributions to charities ore than \$600	Describe what	you contributed		Date you contributed	Value	
Charity's Name		THE RESIDENCE			NAME AND ADDRESS OF THE PARTY O	\$	0.0
							0.0
		***************************************				\$	0.0
Number Stree	54	H-100-111-11-11-11-1-1-1					
Trained Gree	54						
City Sta	ate ZIP Code						
,							
H List C	ertain Losses						
Describe the	e property you lost and	Describe any in	surance coverage for the lo	ss	Date of your	Value of	property
now the too.	3 OCCUITED	claims on line 33	unt that insurance has paid. Li of Schedule A/B: Property.	ist pending insurance	loss	lost	
				:		\$	0.00
		1	**	:			
List Ce	rtain Payments or	·					
1000							
nin 1 year be	efore you filed for ba	nkruptcy, did you or an uptcy or preparing a ba	yone else acting on you	r behalf pay or trans	sfer any prope	erty to anyone)
ude any attor	neys, bankruptcy petil	tion preparers, or credit of	nkruptcy petition? counseling agencies for se	rvices required in you	ur bankruptcy.		
No				•	. ,		
Yes. Fill in th	e details.						
		Description and	value of any property trans	ferred	Date payment	or Amount o	of paymen
Person Who Wa	as Paid				transfer was made		
Number Street	et	FARIFAAA-FIIIIIIK-A				\$	
							0.00
	·····					e.	
City	OLAL TIPE O					\$	
City	State ZIP C	ode		:		\$	0.00
City Email or website		ode		:		\$	

Debra

Debtor 1

Lee

Cary

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	Eirce Manne	Middle Name		Cary			
	First Name	widdle Mami	e	Last Nøn	me		
***	DebtorCC		P 151 (A) 1		Description and value of any property transferred Date payment or transfer was made	Amount paymen	
	Person Who Was P	aid		(Credit Card 02/05/2017		-
	Number Street				U2/03/2011	\$	
	M-P	·	· · · · · · · · · · · · · · · · · · ·		ANY THE WAS AND AND AND AND AND AND AND AND AND AND	\$	
	City	State	ZIF Code				
	Email or website add	dress		TO THE SECOND			
	Person Who Made to	he Payment, if	Not You		•		
1 N	lo 'es. Fill in the de	etails.					
				!	Description and value of any property transferred Date payment or transfer was	Amount of	pa
	Person Who Was Pa	aid		-	[5] A. A. A. H. M. H. M. M. A. A. A. H. M. H. M. H. M. M. M. M. Made and R. H. H. H. M. M. M. M. M. M. M. M. M. M. M. M. M.		
					MARKATA AND AND AND AND AND AND AND AND AND AN	\$	1
	Number Street					T	
	Number Street					\$	
	City	State	ZIP Code d for bankr	 		\$	
itthi ans clud o no N	City n 2 years befored in the ordered in the ordered both outright of include gifts a	re you filed rdinary con transfers a nd transfer	d for bankr urse of you and transfers	i <mark>r bus</mark> s mad	, did you sell, trade, or otherwise transfer any property to anyone, other tha siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement.	\$n propert	
itthi ans clud o no N	City n 2 years befored in the ordered in the ordered both outright of include gifts a	re you filed rdinary con transfers a nd transfer	d for bankr urse of you and transfers	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$ oerty).	y
ithi ans clud o no N	City n 2 years befored in the ordered in the ordered both outright of include gifts a	re you filed rdinary con transfers a nd transfer tails.	d for bankr urse of you and transfers	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received.	\$on propert perty). Date tr	y
ithians cluc no N	City n 2 years befored in the ordered in the ordered in the ordered in the ordered include gifts a correct ordered in the decorrect in the dec	re you filed rdinary con transfers a nd transfer tails.	d for bankr urse of you and transfers	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithians cluc no N	City n 2 years before the or	re you filed rdinary con transfers a nd transfer tails.	d for bankr urse of you and transfers	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithians clude one one of N	City n 2 years before the ordered in the ordered in the ordered in the ordered include gifts a correct of the ordered include gifts a correct ordered in the deceiver ordered in the orde	re you filed rdinary con transfers a nd transfer tails.	d for bankr urse of you and transfers	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithians cluc one N N Y	City n 2 years before ferred in the order to the outright of include gifts a compact. Fill in the desertion who received the street of the compact of the c	re you filed rdinary con transfers a nd transfer tails.	d for bankr urse of you and transfers as that you h	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithi ans clud o no N I Y	City n 2 years before the order to the both outright of include gifts a compact of the compact	re you filed reinary contransfers a new transfer tails.	d for bankr urse of you and transfers as that you h	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithians cluck one of the cluck	City n 2 years before the ordered in the ordered in the ordered in the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered include gifts a control of the ordered gifts and ordered gifts a control of the o	re you filed reinary contransfers a new transfer tails.	d for bankr urse of you and transfers as that you h	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	y
ithians cluck one of N	City n 2 years before ferred in the order both outright of include gifts a control of the contr	re you filed reinary contransfers a new transfer tails.	d for bankr urse of you and transfers as that you h	ir bus s mad nave a	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your propalready listed on this statement. Description and value of property Describe any property or payments received transferred or debts paid in exchange	\$on propert perty). Date tr	ansí

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Case number (if known)_

Z		sset-protection devices.)	rty to a self-settled trust or similar device of	
	No Yes. Fill in the details.	,		
		Description and value of the prop		Date transfer was made
	Name of trust	<u></u>		
		-		:
	وريع فالوطنية والإنتاء المقادلة المساورة والمواجوة والإنتان ويسترك والمساورة المالة والمناط المناط والمناط وال	en en en en en en en en en en en en en e		Parking and address of the second second second
rt 6	List Certain Financial Account	s, Instruments, Safe Deposit	Boxes, and Storage Units	A constant internal i
bro v í	kerage houses, pension funds, coopera	or other financial accounts; cert atives, associations, and other fi	ificates of deposit; shares in banks, credit un nancial institutions.	nions,
		Last 4 digits of account number	Type of account or Date account was instrument closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial Institution	XXXX	☐ Checking	\$ 0.00
	Number Street		☐ Savings	·
			Money market	
	City State ZIP Code		☐ Brokerage ☐ Other	
			G Other	
	Name of Financial Institution	XXXX	☐ Checking	\$ <u>0</u> .00
			Savings	
			Money market	
	Number Street		r	
	Number Street		☐ Brokerage ☐ Other	

Debra

Debtor 1

Lee

Cary

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Debtor 1	Debra First Name	Lee Middle Name	Cary Last Name	Case number (if known)
20 1	No		ge unit or place other than	n your home within 1 year before you filed for bankruptcy?
.	Yes. Fill in the d	etails.	Who else has or ha	nad access to it? Describe the contents Do you still have it?
	Name of Storage F	acility	Name	
	Number Street		Number Street	
			CityState ZIP Code	
	City	State ZIF	Code	
Part 9	ldentify	Property You	Hold or Control for So	meone Else
ort ☑	old in trust for s	someone.	ty that someone else owns	? Include any property you borrowed from, are storing for,
			Where is the proper	orty? Describe the property Value
	Owner's Name	***************************************	www.common.com	\$0.00
	Number Street		Number Street	
	City	State ZIP	Code	State ZIP Code
Part 1	① Give Det	tails About En	vironmental Informatio	on
For the	purpose of Pari	t 10, the followi	ng definitions apply:	
haza	ardous or toxic :	substances, wa	stes, or material into the ai	or regulation concerning pollution, contamination, releases of iir, land, soil, surface water, groundwater, or other medium, nese substances, wastes, or material.
Site utili:	means any loca ze it or used to o	ntion, facility, or own, operate, o	property as defined under rutilize it, including dispos	r any environmental law, whether you now own, operate, or sal sites.
⊯ <i>Haza</i> sub:	ardous material stance, hazardo	means anythingus material, pol	g an environmental law def llutant, contaminant, or sim	fines as a hazardous waste, hazardous substance, toxic nilar term.
Report	all notices, relea	ases, and proce	edings that you know abou	ut, regardless of when they occurred.
24. Has	any government	tal unit notified	you that you may be liable	or potentially liable under or in violation of an environmental law?
Ø 1	No Yes. Fill in the de	etails.		
			Governmental unit	Environmental law, if you know it Date of notice
Ā	lame of site	Proprinted and account of the second state of	Governmental unit	**************************************
ň	lumber Street		Number Street	
-			City Sta	ate ZIP Code
7	*ifu	State 710 C	nda	

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Debtor 1	Debra First Name	Lee Middle Name	Cary Last Name	47-11-11-11-11-11-11-11-11-11-11-11-11-11	Case number	(if known)		
25. Hav	ve you notified a	ny government	al unit of any release of h	azardous materia	1?			
	No							
u	Yes. Fill in the	details.						. •
			Governmental ur	ift	Environmental lav	v, if you know it		Date of notice
	Name of site		Governmental unit					
	Number Street		Number Street					*
			City	State ZIP Code				
	City	State ZiF	Code					
26. Hav	e you been a pa	rty in any judici	al or administrative proc	eeding under anv	environmental la	w? Include settl	ements and c	orders
Z			•					
	Yes. Fill in the d	letails.						
			Court or agency	e de la composition de la composition de la composition de la composition de la composition de la composition La composition de la	Nature of the	case		Status of the case
	Case title							5450
			Court Name		ara.			Pending
			49994111/http://www.nerview.ne		ann.			On appeal
			Number Street					☐ Concluded
	Case number	*****	City	State ZIP Code				
	AND THE STATE OF T		• • •	21112				
Part 1	(B) Give Det	tails About Yo	our Business or Conn	ctions to Any F	lusiness			
27. Witi	hin 4 years befor	re you filed for	oankruptcy, did you own	a business or hav	e any of the follo	wing connection	ns to any bus	iness?
	La A sole propr □ A member of	ietor or self-em f a limited liabili	ployed in a trade, profest ty company (LLC) or limi	sion, or other activ	vity, either full-tin	ne or part-time		
	A partner in		ry company (ccc) or ann	ted natinty partire	isinp (EET)			
			ging executive of a corp					
	An owner of	at least 5% of t	ne voting or equity secur	ities of a corporat	ion			
	No. None of the							
.	Yes. Check all th	at apply above	and fill in the details bel		ess.			and the second
			the state of the s	ure of the business		Employer Identific Do not include So		umbar ar ITIN
	Business Name			*** * * * * * * * * * * * * * * * * * *			•	
	Number Street					EIN:		
	Training Control		Name of accoun	tant or bookkeeper		Dates business e	xisted	
		******	annaning gamengap ang		:	_		
	City	State ZIP	Code			From	_ То	
	on,	otato Zn		ure of the business		Employer Identific	cation number	Programme Trans
	Business Name					Do not include So	cial Security n	umber or ITIN.
						EIN: -		
	Number Street	<u> </u>	Name of account	fant or hooks			-, -	
				tant or bookkeeper		Dates business ex	ustea	
						From	To	
	City	State ZIP	Code			***************************************		

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btor 1	Debra First Name	Lee Middle Name	Cary Last Name					
				be the nature of the business		Employer Identification number Do not include Social Security number or ITIN.		
	Business Name				:	EIN:		
	Number Street	·	Name	of accountant or bookkeeper		Dates business existed		
			·			From To		
	City	State ZIP (ode 					
With	in 2 vears befor	e you filed for b	ankruntov dida	του σίνε a financial statem	ant to anyone ah	out your business? Include all financial		
inst	itutions, credito	rs, or other parti		ou give a intended state in	one to any one ab	our your business? Include air infancial		
	√o ∕es. Fill in the d	etails below.						
			Date is	sued				
	Name		MM / DE	I/YYYY				
	Number Street							
	City	State ZIP C	ode					
rt 1/2	A Sign Below	N	**************************************					
ans	wers are true ar	nd correct. I und	erstand that ma	king a false statement, cor	cealing property	lare under penalty of perjury that the y, or obtaining money or property by fraud		
in c	onnection with	a bankruptcy ca 841, 1519, and 38	se can result in	fines up to \$250,000, or im	prisonment for i	up to 20 years, or both.		
	\bigcirc $^{\wedge}$	0 4						
×	Kelle	i LU	ary_	*				
	Signature of Debto		0	Signature of Debtor	2			
	Date <u>3/2/0/1</u>	*		Date	_			
,		tional pages to 1	our Statement	of Financial Affairs for Indi	ividuals Filing fo	r Bankruptcy (Official Form 107)?		
	No Yes							
Did ☑		e to pay someor	e who is not ar	attorney to help you fill or	ıt bankruptcy for	rms?		
		son			Attach	the Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119).		

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Fill in this in	formation to	identify your o	ase:		
Debtor 1	Debra First Name	Lee	Cary	Last Name	
Debtor 2 (Spouse, if filing)			die Name	Last Name	
3,		urt for the: Northe			
Case number (If known)	· · · · · · · · · · · · · · · · · · ·			****	
		******		-	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part F List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Credit information below.	ors Who Have Claims Secured by Property (Offici	al Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	Surrender the property.	☐ No
Description of property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	☐ Yes
Creditor's name:	☐ Surrender the property. ☐ Retain the property and redeem it.	☐ No ☐ Yes
Description of property securing debt:	☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
Description of property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
	Retain the property and [explain]:	t of the other than the other selection of the content of the other than the othe
Creditor's name:	☐ Surrender the property.	☐ No
Description of	☐ Retain the property and redeem it.	Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	

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Debtor 1

Debra	

Lee

Cary Last Name

Case number (If known)_

Part 24

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G)
fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet
ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

4.		
essor's name:		☐ No
Description of leased roperty:		☐ Yes
essor's name:		□ No
rescription of leased roperty:		☐ Yes
essor's name;		□ No
escription of leased roperty:		☐ Yes
essor's name:	ermentalen forhåndet more opningen av propringen det de 18 more et ermen utverken men et en men, mel de 19 de unverken og skylle kritiske formåndet de utverken et er	□ No
escription of leased operty:		☐ Yes
essor's name:		☐ No
escription of leased operty:		☐ Yes
essor's name:		□ No
escription of leased operty:		Yes
ssor's name:		□ No
escription of leased operty:		☐ Yes
Sign Below		
ler penalty of perjury, I declare that I have sonal property that is subject to an unex	ve indicated my intention about any property of pired lease.	my estate that secures a debt and any
De bre L Cary	x	
re 3 2 4 1	Signature of Debtor 2	
~17. /	Date	